

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2018 - 304 - 7

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

Curtis Brown dba Tours of Destiny
(Please type or print)

Submitted by: _____

Telephone: 803-767-2888

Address: 171 Sandy Lane Extension
Winnsboro SC 29180

Fax: _____

Other: _____

Email: toursodestiny@hotmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☐ Application - Class C Charter☒ Application - Class C Charter Bus☐ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other: _____

RECEIVED
SEP 19 2018
PSC SC
CLERK'S OFFICE

RECEIVED
2018 SEP 10 AM 10:51
PUBLIC SERVICE
COMMISSION

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

js

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

2018-304-T
278365
POSTED
9-20-18

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: August 26, 2018

CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Tours Of Destiny LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

171 Sandy Lane Extension Winnsboro, SC 29180
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

803-767-2888
Phone Fax

toursofdestiny@hotmail.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Curtis D. Brann 171 Sandy Ln. Ext. Winnsboro, SC 29180
Cha-La'k. Hall 158 Gatepost Ln. Columbia, SC 29180

2 of 6

INSURANCE QUOTE

You are not required to purchase insurance until your application has been approved and an order has been issued by the PSC.

All quotes must meet the Public Service Commission requirements and be provided by AN INSURANCE COMPANY AUTHORIZED BY THE SOUTH CAROLINA DEPARTMENT OF INSURANCE TO DO BUSINESS IN SOUTH CAROLINA. The Insurance Company should either complete this form or provide the Applicant with a quote including, but not limited to, online quotes. The insurance quote must list current insurance premiums as listed below.

The following insurance quote is for:

Tours of Destiny, LLC

Name of Applicant

185 Sandy Lane Extension Winnsboro, SC 29180

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ \$12,102

Limits \$5,000,000 CSL

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

16 or More Passengers* \$ 25,000/300,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

Berkshire Hathaway Home State Companies

Name of Insurance Company

PO Box 31145 Omaha, NE 68131

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

9/19/18

Date

Signature of Authorized Insurance Company Representative

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Schmieding, Janice

From: Jeanette Peraza <jperaza@papost.com>
Sent: Wednesday, September 19, 2018 4:58 PM
To: Schmieding, Janice
Cc: 'destiny-trucking@live.com'
Subject: FW: Application for Class C Charter Bus Certificate - Tours of Destiny LLC
Attachments: DOC091918-091918.pdf

Hi Janice,
 Please see attached and let me know if you need anything else from us.
 Thanks!

Jeanette Peraza

P.A. POST



One International Blvd., Suite 405 | Mahwah, NJ 07495
 Voice 201-252-3026
 Fax 201-252-3011
jperaza@papost.com | <http://www.papost.com>

From: Jeanette Peraza
Sent: Wednesday, September 19, 2018 2:43 PM
To: 'CURTIS BROWN'
Cc: Jeanette Peraza (jperaza@papost.com)
Subject: RE: Application for Class C Charter Bus Certificate - Tours of Destiny LLC

Hi Curtis,
 Please see attached.Thanks!

Jeanette Peraza

One International Blvd., Suite 405 | Mahwah, NJ 07495
 Voice 201-252-3026
 Fax 201-252-3011
jperaza@papost.com | <http://www.papost.com>

From: CURTIS BROWN [mailto:destiny-trucking@live.com]
Sent: Wednesday, September 19, 2018 11:06 AM
To: Jeanette Peraza
Subject: Fwd: Application for Class C Charter Bus Certificate - Tours of Destiny LLC

Sent from my iPhone

Begin forwarded message:

From: Cha-La' Hall <toursoddestiny@hotmail.com>
Date: September 19, 2018 at 11:05:12 AM EDT

To: CURTIS BROWN <destiny-trucking@live.com>

Subject: Fwd: Application for Class C Charter Bus Certificate - Tours of Destiny LLC

Get [Outlook for iOS](#)

From: Schmieding, Janice <Janice.Schmieding@psc.sc.gov>

Sent: Wednesday, September 19, 2018 10:28:19 AM

To: toursodestiny@hotmail.com

Cc: Chauvin, Carole

Subject: Application for Class C Charter Bus Certificate - Tours of Destiny LLC

Mr. Brown,

I have attached the Insurance Quote for your insurance company to fill out. Once it is completed by the insurance company, you will need to submit it back to the PSC/ORS so your application can be processed.

If you have any questions, please contact me.

Janice

Janice Schmieding, Clerk's Office

janice.schmieding@psc.sc.gov

Public Service Commission of South Carolina

Saluda Building, Suite 100

101 Executive Center Drive

Columbia, South Carolina 29210

(803) 896-5240

(Fax) 803-896-5199

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Exhibit Fit, Willing, and Able (FWA)Cha-La' K. Hall

Name of Applicant

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes☒ No☐ Pending

(Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory☐ Conditional☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature




Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

COUNTY OF

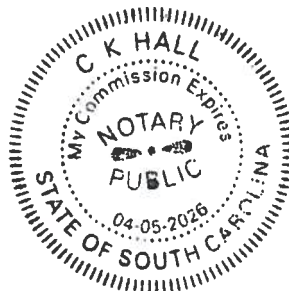
Richland

SWORN TO BEFORE ME
This 26th day of August, 2018


Notary Public

Commission Expires

4/5/26



Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Curtis Devlon Brown
Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Is in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes

☐ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes

☒ Not Applicable

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

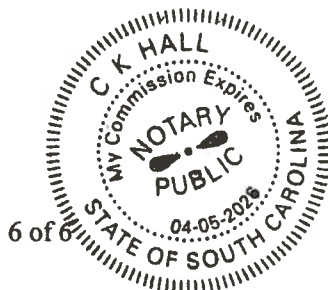
I, Curtis Devlon Brown, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME
This 21st day of August, 2018

CK Ham
Notary Public

Commission Expires 4/5/26

Curtis Devlon Brown
Applicant's Signature



Print Application

Business Entities Online

File, Search, and Retrieve Documents Electronically

TOURS OF DESTINY LLC

Corporate Information

Entity Type: Limited Liability Company

Status: Good Standing

Domestic/Foreign: Domestic

Incorporated State: South Carolina

Important Dates

Effective Date: 05/22/2018

Expiration Date: N/A

Term End Date: N/A

Dissolved Date: N/A

Registered Agent

Agent: CURTIS D BROWN

Address: 171 SANDY LANE EXT.
WINNSBORO, South Carolina 29180

Official Documents On File

Filing Type	Filing Date
Articles of Organization	05/22/2018

For filing questions please contact us at 803-734-2158

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